



CITY OF SUGAR LAND
Permits & Inspections Department

ROOFING PERMIT APPLICATION

APPLICATION # _____

PROJECT ADDRESS: _____

PROJECT NAME/OWNER: _____

VALUATION AMOUNT: \$ _____

ROOFING COMPANY NAME: _____ PHONE: () _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DESCRIPTION OF WORK/MATERIAL USED: _____

Roof Permit Fees: Based on Building Fee Code Schedule

PAY BY ESCROW ACCOUNT ☐

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT SIGNATURE

DATE